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CONFIRMATION NO. 4929

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|---|---|-------------------------------|---|---|
| SERIAL NUMBER 10/731,288 | FILING OR 371(c) DATE 12/09/2003 RULE | CLASS 606 | GROUP ART UNIT 3732 | ATTORNEY DOCKET NO. 10800-3U3 |
| APPLICANTS Walter W. Eckman, Tupelo, MS; | | | | |
| ** CONTINUING DATA ***** This application is a CON of 10/345,525 01/16/2003 PAT 6,726,690 which claims benefit of 60/369,701 04/02/2002 and claims benefit of 60/349,742 01/17/2002 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/29/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY MS | SHEETS DRAWING 8 | TOTAL CLAIMS 8 |
| | | | | INDEPENDENT CLAIMS 1 |
| ADDRESS 000570 | | | | |
| TITLE DISKECTOMY INSTRUMENT AND METHOD | | | | |
| FILING FEE RECEIVED 685 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |